

WEST VALLEY CITY BUILDING PERMIT APPLICATION

For questions call #801-963-3283

Date of Application:		DATE ISSUED / /		PERMIT #	
Type of Construction:		Building sqft:		Valuation \$	
Address:		Rough Basement sqft:		Building Fee	
		Finish Basement sqft:		Plan Review Fee	
Lot #	Subdivision	Carport sqft:		Subtotal	
Unit #	Bldg #	Garage sqft:		- Plan Deposit	
Space #	Mobile Home Park	Porch sqft:		Electrical Fee	
Parcel #		Type of Bldg:	Occupancy Group:	Mechanical Fee	
Commercial Project Name:				Plumbing Fee	
PROPERTY OWNER:		# of stories # of bedrooms		Reinspection Fee	
		# of dwellings # of bldgs.		Demolition Fee	
Address:		Type of Constr: ___ frame ___ brick		Fast Track Fee	
City/zip:		___ block ___ concrete ___ steel		Engineering Fee	
OWNER/BUILDER: yes ___ no ___ Phone #		Maximum Occupant Load:		Investigation Fee	
email:		Fire Sprinkler: ___ yes ___ no		Fire Dept. Fee	
ARCHITECT: Phone#		Bond Required: ___ yes ___ no		P/Z Review Fee	
Address:		Company Paying Bond:		P/Z Impact Fees	
GENERAL CONTRACTOR:				State Fee	
				Tech Fee	
Address:		Federal Tax I.D.#			
City/zip:				Bond Amount	
Phone #	State License #	Plan Deposit \$		TOTAL	
email:		Department Approvals		Required	Approved
ELECTRICAL CONTRACTOR:		Fire Department			
		Water & Sewer Improvement District			
Address:		Public Works			
City/zip:		Health Department			
Phone #	State License #	HIGH WATER TABLE: ___ yes ___ no			
PLUMBING CONTRACTOR:		If YES, read the following: Due to high water table, footing elevations must be verified by contractor with transit at time of footing inspection OR leave a string stretched level from street curb to read exterior wall footings.			
Address:		MAXIMUM allowable footing depth: below top of street curb.			
City/zip:		Comments:			
Phone #	State License #				
MECHANICAL CONTRACTOR:					
Address:		Plan Name & #:			
City/zip:					
Phone #	State License #	This residential plan design is approved for all location in West Valley City which have been designated in accordance with section 1613 of the 2012 International Building Codes as seismic design category: Approval: Date:			
TYPE OF IMPROVEMENT/KIND OF CONSTRUCTION:		This application does not become a permit until signed below			
___ sign ___ new bldg. ___ remodel ___ addition		Plan Check approved by: Date			
___ repair ___ move bldg. ___ convert use ___ demolish		Signature of approval: Date			
ZONE _____		This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.			
Zone Approved by: _____ Date _____		Print Owner/Contractor or Authorized Agent Name			
Disapproved by: _____ Date _____		Signature of Contractor or Authorized Agent Date			
MINIMUM SETBACKS IN FEET		Signature of Owner Date			
TBC	Pline	G. Side	Side	Rear	
Comments:					